

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212538226					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CENTRAL VIRGINIA BATTLEFIELDS TRUST, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LLOYD B. HARRISON III 410 WILLIAM STREET FREDERICKSBURG, VA 22401</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FREDERICKSBURG CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2012</p> <p>SCC ID NO: 04742847</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2217 PRINCESS ANNE ST STE 106-N</p> <p style="text-align: center;">CITY/ST/ZIP: FREDERICKSBURG, VA 22401</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL P STEVENS TITLE: PRESIDENT ADDRESS: 1300 THORNTON ST CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL P STEVENS TITLE: PRESIDENT ADDRESS: 1300 THORNTON ST CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL P STEVENS TITLE: PRESIDENT ADDRESS: 1300 THORNTON ST CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HARRIETT M CONDON TITLE: VICE PRESIDENT ADDRESS: P O BOX 7 CITY/ST/ZIP/CO: MIDDLEBURG, VA 20118 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: HARRIETT M CONDON TITLE: VICE PRESIDENT ADDRESS: P O BOX 7 CITY/ST/ZIP/CO: MIDDLEBURG, VA 20118	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: HARRIETT M CONDON TITLE: VICE PRESIDENT ADDRESS: P O BOX 7 CITY/ST/ZIP/CO: MIDDLEBURG, VA 20118	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LLOYD HARRISON TITLE: TREAS/DIR ADDRESS: 11205 BLUFFS VIEW CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22551 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: LLOYD HARRISON TITLE: TREAS/DIR ADDRESS: 11205 BLUFFS VIEW CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22551	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LLOYD HARRISON TITLE: TREAS/DIR ADDRESS: 11205 BLUFFS VIEW CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22551	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT KRICK TITLE: SECRETARY ADDRESS: PO BOX 1327 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22402 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT KRICK TITLE: SECRETARY ADDRESS: PO BOX 1327 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22402	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT KRICK TITLE: SECRETARY ADDRESS: PO BOX 1327 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22402	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: J MIKE GREENFIELD TITLE: DIRECTOR ADDRESS: 9703 PAMELA CT CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553-1933 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: J MIKE GREENFIELD TITLE: DIRECTOR ADDRESS: 9703 PAMELA CT CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553-1933	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: J MIKE GREENFIELD TITLE: DIRECTOR ADDRESS: 9703 PAMELA CT CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553-1933	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Champe C. Corbin TITLE: DIRECTOR ADDRESS: PO Box 3 CITY/ST/ZIP/CO: Corbin, VA 22446 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Champe C. Corbin TITLE: DIRECTOR ADDRESS: PO Box 3 CITY/ST/ZIP/CO: Corbin, VA 22446	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Champe C. Corbin TITLE: DIRECTOR ADDRESS: PO Box 3 CITY/ST/ZIP/CO: Corbin, VA 22446	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kevin Leahy DIRECTOR 10731 Allie Drive Fredericksburg, VA 22408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James M. Pates DIRECTOR 2010 Fall Hill Avenue Fredericksburg, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Josiah P. Rowe, III DIRECTOR 610 Lewis Street Fredericksburg, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Lee Hodge DIRECTOR 1046-C Ramsgate Court Sterling, VA 22164	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Linda P. Wandres DIRECTOR 18 Ridge Pointe Lane Fredericksburg, VA 22405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tom A. Van Winkle DIRECTOR 12703 Toll House Road Spotsylvania, VA 22553	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LLOYD HARRISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LLOYD HARRISON, TREAS/DIR PRINTED NAME AND CORPORATE TITLE	10/3/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			